

SPONSORSHIP PROGRAM QUESTIONNAIRE

The purpose of this questionnaire is to ensure the Sponsorship Program is helping our Civilian Employees and their families. Your input is very important and will help improve the Sponsorship Program. Please return this form to your Director/Deputy Director no later than five working days after your arrival.

FIRST _____ LAST _____ RANK _____

DATE _____

1. Did your sponsor contact you? YES NO

2. Who was your sponsor? _____

3. If contacted, was the contact by mail, email or phone?
(CIRCLE ALL THAT APPLY) PHONE MAIL EMAIL

4. Was your sponsor helpful? YES NO

5. If the sponsor was not helpful, what areas could be improved?

6. Did your sponsor assist you in your initial check-in? YES NO

7. Did you sponsor orient you to the entire organization? YES NO

8. Please make recommendations for improvements of this program or any comments you may desire below: (Please use reverse for additional comments). _____

DIRECTORATES SHOULD RETURN THIS COMPLETED FORM TO MCICOM G-1 MANPOWER.